## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective October 1, 2003  |  |   |                 |                               |                              |                  |                 | 10661178      |                                       |          |                     |                        |  |
|--|--|---|-----------------|-------------------------------|------------------------------|------------------|-----------------|---------------|---------------------------------------|----------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |                               |                              |                  |                 | SMALL ENTITY  |                                       |          | OTHER THAN          |                        |  |
| TOTAL CLAIMS   |  |   | 18              |                               |                              |                  | RA              | ΓΕ            | FEE                                   |          | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED    |                               | NUMBER EXTRA                 |                  | BASIC           | FEE           | 385.00                                | OR       | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 18 min          | us 20=                        | *                            |                  | X\$             | 9=            |                                       | OR       | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   |                 | nus 3 =                       | * /                          |                  | X4:             | 3=            |                                       | OR       | X86=                | BH.                    |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT          |                               | · /-                         |                  | +14             | <br>5-        |                                       | 1        | +290=               | <u> </u>               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                 |                               |                              | olumn 2          | TOT             |               |                                       | OR<br>OR | TOTAL               | 8/1/2                  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                               |                              |                  |                 | AL            | <u></u>                               | Uh       | OTHER               | 05 770 4<br>THAN       |  |
|  | Ci   | (Column 1)                                | (Column 2)      |                               |                              | (Column 3)       | SMALL ENTITY    |               |                                       | OR       | SMALL               |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY          | PRESENT<br>EXTRA | RA <sup>-</sup> | ſΕ            | ADDI-<br>TIONAL<br>FEE                |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                            |                              | =                | X\$             | 9=            |                                       | OR       | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                           |                              | =                | X43             | 3=            |                                       | OR       | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                              |                  | +14             | <del></del> - |                                       | OR       | +290=               |                        |  |
|  |  |   |                 |                               |                              |                  |                 | OTAL          |                                       | ام       | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1)                                |                 | (Colu                         | mn 2)                        | (Column 3)_      | ADDIT.          | ree           | · · · · · · · · · · · · · · · · · · · | 1        | ADDIT. I EE         |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM                   | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA | RA <sup>-</sup> | ΓE            | ADDI-<br>TIONAL<br>FEE                |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                            |                              | =                | X\$             | 9=            |                                       | OR       | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                           |                              | =                | X4:             | 3=            |                                       | OR       | X86=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                              |                  | +14             | 5=            |                                       | OR       | +290=               |                        |  |
| ı  |  |   |                 |                               |                              |                  |                 |               |                                       | OR       | TOTAL<br>ADDIT. FEE |                        |  |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE  |  |   |                 |                               |                              |                  |                 |               |                                       |          |                     |                        |  |
| AMENDMENT C  | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA              | ΓE            | ADDI-<br>TIONAL<br>FEE                |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                            |                              | =                | X\$             | 9=            |                                       | OR       | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                           |                              | =                | X43             | <br>3=        |                                       | OR.      | X86=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |                 |                               |                              |                  |                 |               |                                       | 1        | 1200=               |                        |  |
|  | If the entry in colu                           | mn 1 is less than t                       | he entry in col | ımn 2. writ                   | e "0" in co                  | olumn 3.         | +14             |               |                                       | OR       | +290=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                 |                               |                              |                  |                 |               |                                       |          |                     |                        |  |